

# Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
1,100	Uganda	Busukuma Subcounty	Nov 2011	Project Restore

## Further Information

1. Please describe the specific **locations & villages** to receive nets and the number to each? Please provide longitude/latitude information. (Important note: If the distribution is approved, approval will be for the nets to be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

Busukuma Subcounty, Uganda. Longitude/latitude 0° 31' 47" North, 32° 36' 9" East. Approximately 30km from Kampala, Uganda off the Kampala - Gayaza - Ziobwe road. Nakyesasa is in Kikoko parish while the rest of the villages are in Kabumba parish. We are refining the numbers below as the number of sleeping spaces needs to be checked.

<u>Village</u>	<u># of households (HH)</u>	<u># of people (ppl)</u>	<u># of usable nets (UN)</u>	<u># of sleeping Spaces (2 per net)</u>	<u>Estimated # of nets for village (without considering usable nets in place)</u>	<u>Nets to Distribute</u>
1 Bota Bota Drivers	25	102	22	36	51	29
2 Nakyesasa	129	572	87	319	286	199
3 Nkolempomye	112	569	91	271	285	194
4 Kabumba	105	565	102	291	283	181
5 Namawata	49	264	56	152	132	76
6 Kabwama	104	464	94	274	232	138
7 Nagulwe	51	258	69	153	129	60
8 Kasozi	109	567	109	265	284	175
<b>Total</b>	684	3,361	630	1,761	1,681	<b>1,051</b>

2. Is this an **urban or rural** area and how many people live in this specific area?

Rural area, population for Busukuma sub-county approx 37,520, Kabumba Parish 5,595. Population for Kikoko Parish 2,467. Total = 8,062 \*data supplied by Namulonge Health Clinic

3. Is this a **high risk malaria area**? If yes, why do you designate it as high?

YES - because there is a high rate of cases of Malaria in this Sub-County, a survey given to the students of Namulonge

Senior Secondary school in August 2011 indicated that a student contracts malaria an average of 8 times per year. Reporting from the Namulonge Health Clinic - Wakiso District reports malaria is the biggest killer and adults contract the malaria disease on average 3.5 times per year, with some individuals coming in monthly for treatment. The CDC and WHO have also designated the interior of Uganda as having high rates of morbidity from Malaria.

**4. Baseline malaria case information. How many reported cases of malaria and malaria deaths were there in this specific area in the most recent period available? We are looking for data from health clinics in the area. Month by month information is strongly preferred. We are NOT looking for regional level/national level information. Please cite your source. Baseline malaria case information forms the basis of comparison post-distribution.**

There are no actual statistics collected or archived on reported cases or deaths due to malaria at the Namulonge Health Clinic. I have spoken to the head nurse at the Namulonge Clinic and a midwife in the village, they both have said the "the people (and children) come into the clinic all day, everyday with fever and sickness".

During Project Restore's August 2011 visit, a Malaria survey was given to a random sample of individuals that had received LLINs from Project Restore. The sample size was 50. Of those responding, it was reported that on average an individual contracts the Malaria Disease 2 times per month, 4 times in the last 6 months and 8 times in the last 12 months. The majority of the individuals in the sample were children. Death statistics were not collected in this survey.

We have provided the clinic with a microscope to analyze blood smears. A technician has been secured to read the blood smears for the Namulonge Clinic. However during the August visit we discovered the lenses of the microscope were not operating correctly and had to replace them. I also found out that the electricity supply to the clinic is pretty much non-existent. The microscope is powered by electricity. So, in August I purchased the clinic a generator to run their electrical needs, including the microscope to diagnose malaria effectively.

**5. Is this distribution of nets 'blanket coverage' of an area/village or to a select/vulnerable group? If the latter, please describe this group.**

This distribution is "blanket coverage" for the above listing of villages.

**6. What is the existing level of ITN use in this area? Are there existing bednet distribution programmes in this area?**

Project Restore has distributed 3,100 nets in this area since 2008, however not to the above villages specifically. With each distribution the recipients are given a presentation and a hand-out on malaria, hanging instructions, net use, and net care.

Data was collected on recipients of Project Restore's LLIN program and it was reported that after receiving a LLIN, malaria cases decreased by 73% in a 12 month period. This data was collected during the same survey as the frequency of contracting the disease that was stated above.

To my knowledge, there are not any other NGOs doing net distribution programs in the Namulonge village or surrounding communities.

There are Ugandan Government Programs for net distributions for the populations as well as high risk target areas such as children under the age 5 and pregnant women. I have written to the Deputy of the D.H.O, Robert Kagwire inquiring as to past/current/future distribution schedules for the above villages so we ensure there is full liaising.

**7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position and organisation of the person/s making the decision.**

One of Project Restore's Board of Directors, Dr. Fred Ssewamala, is from the village of Namulonge, Uganda. He recommended to the board to work in Namulonge and give attention to their malaria needs.

The Namulonge Health Clinic's head nurse, Annette Malijjo, amalijjo@yahoo.com as well as the region's Governing Council decides the priority of the village distribution based on their assessment of need and risk levels.

**8. Have you consulted with the country's National Malaria Programme about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.**

Yes, see Appendix 1. We are liaising closely with the NMCP and the regional malaria control team.

**9. Please give the name and contact information for the (government) head of the district health management team for the/each area. Please ensure you include contact information.**

Deputy of D.H.O - Robert Kagwire kagwirerobert AT yahoo.com  
Annette Malijjo - the head nurse at the Namulonge Clinic, amalijjo AT yahoo.com

**10. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.**

The LLIN's from all of Project Restore's past and all future distributions are free of charge to the recipients. The reason they do not have nets is they cannot afford to buy them.

**11. Please describe all pre-distribution activity, including how the size of the target group and number of nets required will be ascertained and how the local community and leaders will be involved in this phase of the work?**

An in-country coordinator for Project Restore's mosquito net program was put in place in August 2011. His name is Jude

Isikei. Judeisikei AT yahoo.com. Jude, along with the Headmaster of the Namulonge SS School, has worked with each village leader in completing the bednet Distribution Beneficiary List. With the exception of the Bota Bota drivers, this account was acquired during an interview process because the drivers reside in many different areas. Prior approval for the interview process of the Bota Boata drivers was given to Project Restore from Against Malaria Foundation. Jude has summarized and submitted the data collected per village, as represented above.

Project Restore anticipates receiving delivery of 1,051 LLIN's in Kampala, Uganda. Project Restore will hire a truck to transport the LLIN bundles to the Namulonge village. The bundles will be stored in a secure building with bared windows and medal doors that are securely locked.

Once in-country a schedule will be derived for distribution by individual villages. The recipients that have been identified by the village leader will be notified of the day/time of their village's distribution. The bundles will be delivered to the villages by the Bota Bota motorcycle taxis.

We will provide you with a scanned copy of the household by household beneficiary list.

**12. Please describe how the bednets will be distributed and by whom. Please give detail. Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.**

Project Restore will be in-country from November 19th - 30th 2011. All of the distributions will occur during those dates.

A Project Restore team along with Jude, the Namulonge SS School Headmaster, Isaac Kibuuka (Namulonge SS School Teacher) and the village leader will facilitate the distribution day. Jude and the village leaders will have a list of names compiled of net recipients and will manage the recipient list and quantity per recipient during the distribution.

Project Restore volunteers will assist in managing the bundles and handing out the nets to the individuals. The Project Restore team will help with the hanging the nets for the elderly, disabled or widowed.

Project Restore will document the distributions by photography and video. The recipient list will be archived at the Namulonge SS School for future use when conducting the Post Distribution Surveys.

**13. Please describe the malaria education component of the distribution. Please give a detailed answer.**

A village leader and teacher at the Namulonge SS School, Isaac Kibuuka kibuukai@yahoo.com, conducts the pre distribution education component. He discusses the ways

malaria can be contracted, prevention methods, net hanging instructions and net cleaning and care.

The Kampala Consortium also gave Project Restore a supporting document for the mosquito net education component. This document is written in Lugandan and also has photo illustrations of net hanging, usage, care and repair. All recipients will receive a copy of this literature to take home with them.

**14. Please confirm: a) you will conduct immediate post-distribution follow-up to assess the level of usage (hang-up %) of the nets; b) this take place within four weeks of the distribution; c) you will provide us with the findings.**

Jude Isikei will complete the immediate post-distribution follow-up assessments and e-mail AMF and PR the results. Jude has preformed these follow up assessments in the past and is familiar with the procedure.

Project Restore has equipped Jude with a computer and modem for communication of documents and will provide him with a scanner during the November 2011 trip.

**15. Please confirm you will send a Post-Distribution Summary when the distribution is complete.\*\***

Project Restore will fill out and submit a post-distribution summary of the net distribution, consisting of text, video and photos.

**16. Please confirm you will send us, post-distribution, at least 60 digital photos per sub-location\*, taken at the distribution/s, to be added to our website as we report on the distribution to donors.\*\***

Project Restore will send at least 60 photos to AMF of the November, 2011 net distribution.

**17. Please confirm you will provide at least 15 minutes video footage from each sub-location. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.\*\***

Project Restore will send at least 20 minutes of video footage to AMF of the November 2011 net distribution.

**18. Please confirm: you will carry out longer-term Post-Distribution Reviews (PDRs)\*\* to assess the level of usage (hang-up %), correct usage and condition of the nets; b) this will take place 6, 18, 30 and 42 months after the distribution of the nets; c) you will provide us with the findings.**

Jude Isikei will be responsible for the Post-Distribution Summary. The finding will also be scanned and e-mailed to AMF and PR.

**19. Please provide your name, role and organisation and full contact information.**

Catherine A. Keck, Co-Founder; Executive Director (618) 781-4193 ckeck AT project-restore.org

Appendix 1

**From:** Connie Balayo  
**Sent:** 02 October 2011 16:31  
**To:** Rob Mather  
**Subject:** Re: AMF Net Distribution Application

Dear Rob

This is okay. Yes, Wakiso district is scheduled for universal coverage BUT we are still quite a distance from the universal coverage as the procurement is not through yet. Please, continue with the distribution but with full participation of the NMCP so that the distributed nets can be tracked on to the national LLINs data base. Once this is done, then any village which would have attained Universal coverage will be discounted from the GFATM list of beneficiaries. Therefore, the concerned party should work closely with me and ADRA (the CSO who distributed the phase 1 targeted LLINs in Busukuma) to ascertain the correct village counts to ensure universal coverage.

In the mean time, I will consult ADRA to avail me with the required LLINs for these particular villages just for comparison otherwise some of your estimates appear too few to cover a full village. Did I get it properly, does your list talk of one net for every two sleeping spaces? I so, how possible is it? Well, the Ugandan version of Universal coverage is one net for two persons not sleeping spaces.

Nice week

Connie

---

**From:** Rob Mather  
**To:** "Balayo, Connie"  
**Sent:** Friday, September 30, 2011 2:17 AM  
**Subject:** FW: AMF Net Distribution Application

Dear Connie-

We have had a suggestion for a distribution of nets. Please see the attached document. Before we take this any further we would like to understand whether the NMCP universal coverage campaign will deal with the area referred to making this distribution unnecessary. Could you let me know? If I should liaise with someone else, could you let me know that instead?

Many thanks  
Rgds  
Rob

Robert Mather  
Founder, AMF